

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

Complete if Known

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/590,591
Filing Date	2/24/2004
First Named Inventor	Jenneke Adriana Cadee
Examiner Name	Nina Archie
Art Unit	1645
Attorney Docket	0470 - 062554

TOTAL AMOUNT OF PAYMENT (\$ 130)

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

Fee Description	<u>Small Entity</u>	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
<u>Total Claims</u> - <u>20 or HP</u> = <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
18 - 30 = 0 x 0 = 0	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.		

<u>Indep. Claims</u> - <u>3 or HP</u> = <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>
4 - 4 = 0 x 0 = 0
HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

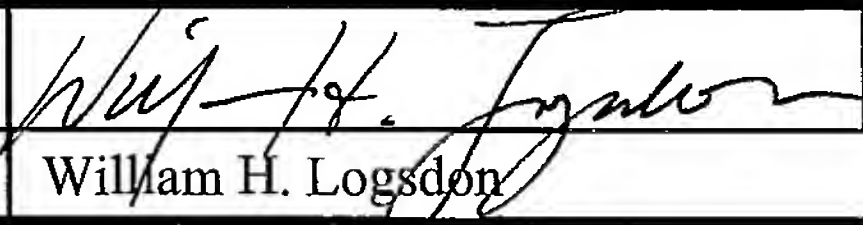
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	<u>Fees Paid (\$)</u>
Other (e.g., late filing surcharge): Petition for Extension of Time (one-month) Fee	\$130

## SUBMITTED BY

Signature



Registration No. 22,132  
(Attorney/Agent)

Telephone 412-471-8815

Name (Print/Type)

William H. Logsdon

Date December 3, 2010